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P006–EN

Survey of clean intermittent catheterization practices: Responses for general practitioners

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Keywords: Neurological bladder; Clean intermittent catheterization; General practitioners

Introduction.– Clean intermittent catheterization (CIC) is the method of choice for micturation in patients with bladder retention. It has constituted a revolutionary advance in the management of bladder and sphincter disorders of spinal cord injury patients, a population where urinary complications were the leading cause of morbidity and mortality. Patients practicing CIC should be managed by a physician familiar with urinary disorders. Many of these patients are followed by a general practitioner (GP) because of their geographic residence.
Objective.– Evaluate the knowledge of future GPs concerning CIC.
Subjects and methods.– A direct questionnaire on CIC was distributed to 140 interns near the end of their curriculum. All were future GPs. The questionnaire included 13 items concerning the definition of CIC, the practical modalities, indications for bacteriology examinations and antibiotic therapy, and complications of this mode of mictrition.
Results.– One third of the physicians gave an exact definition of CIC; 15% confused it with indwelling catheterization. Sterile gloves were required for CIC for 37.8% of the physicians and an antispeptic for 58%. Infection was considered to be the main complication of CIC for 47% of the physicians and 36% requested a bacteriology systematically for these patients; 31% would prescribe antibiotics in the event of colonization. Half of the physicians prescribed antibiotics for 10 days in the event of a lower urinary tract infection in CIC patients and one third prescribed 15 days.
Discussion and conclusion.– CIC is the gold standard for neurological bladder with indications that have broadened over the last decades. It is better known by GPs who follow these patients in their home. It would be important to elaborate a guide for GPs associated with patient education to improve the management practices for CIC patients.

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P007–EN

Voiding disorders in Biermer's anemia: Three case reports and a review of the literature

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Keywords: Biermer's anemia; Voiding disorders; Combined sclerosis of the spinal cord; Vitamin B12; Self-catheterization

lopathy, related to vitamin B12 deficiency. Voiding disorders are common neurological signs.
Methods.– Three hospitalized patients, aged 40–51 years, 2 female and 1 male, presented paraparesia or tetraparesia with sphincter disorders subsequent to combined sclerosis of the spinal cord in a context of Biermer's disease. All had clinical signs of overactive bladder, pollakiuria and urine leakage. Bladder ultrasound was normal in three patients and urodynamic studies were not performed. One of the patients left hospital without learning self-catheterization and three patients were taking anticholinergics and vitamin B12 supplementation.
Discussion and conclusion.– There are few reports in the literature on voiding disorders in combined sclerosis of the spinal cord secondary to Biermer's anemia. One study published by Misra et al. in 2008 reported eight patients with advanced stage disorders whose symptoms responded to vitamin B12 supplementation.

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P008–EN

Autonomous hyperreflexia and Devic' optic neuromyelitis: A logical but poorly recognized combination: a case report

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Introduction.– Optic neuromyelitis (ONM) described by Devic is a disease of the central nervous system characterized by meylities and optic neuritis. The disease is distinct from multiple sclerosis (MS) due to a specific antibody, Ig-ONM.
Case report.– A patient born in 1956 developed ONM diagnosed in 1994. The clinical presentation associates paraplegia (AIS B) at Th6 and nearly total blindness. The patient can urinate spontaneously. The urodynamic tests show bladder-spincter dyssynergia and significant post-miction residue. At post follow-up consultations, are noted erythematous face and high blood pressure; antihypertensive treatment was instituted. Later, due to the risk of autonomous hyperreflexia (AHR) associated with the poorly controlled bladder-sphincter function, the patient accepted learning self-catheterization. The blood pressure figures and the facial erythema were amended despite withdrawal of the antihypertensive treatment.
Discussion.– The spinal cord lesion in ONM may favour the development of autonomous hyperreflexia, corresponding to orthosympathetic discharges due to afferent destruction above Th7; most of these discharges arise from the perineum and, in our patient, from elevated bladder pressure. Episodes of hypertension are treated by management of the spinal irritation, in this case by pharmacological blockade of the bladder and clean intermittent self-catheterization. The rate of cardiovascular dysreflexia symptoms is about 20% in MS and could be greater in Devic's disease. An American study has nevertheless shown that 45% of MS specialists underestimate the development of dysreflexia phenomena. The clinical manifestations of ONM should thus suggest possible autonomous hyperreflexia whose cause must be discovered.

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P009–EN

Micturition disorders in children: Diagnostic approach and management

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